IPDR6702 RUN DATE:	09/23/2007		TPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
KON DATE:	09/23/2007			CKWRITE DATE: 09/27/2007				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	OMOREL MOTIVITY TARK	8505	40	CLAIM DENIED DUE TO INSUFFICIE				
	SMOKY MOUNTAINM H/DD/SAS			NT BUDGET				
		8800	10	FURTHER PROCESSING NECESSARY,				
		0000	10	PLEASE CHECK FOR CLAIM ON	C	65	79	14
				FUTURE RA'S.				
		0535	0	SERVICE FACILITY LOCATION WAS				
		8535	0	NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				-
3404904	WESTERN HIGHLAN	8800	86	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	DS LME			FUTURE RA'S.				
		8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	C	187	1456	1269
				,			 	
_		8534	24	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F		1	 	-
							 	
3404910	PATHWAYS	11	52	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				-
		8599	45	DETAIL NOT COVERED BY COMBINAT	0	160	4195	4035
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5308	11	PRIOR AUTHORIZED UNITS EXCEEDE				1
				D				
								<u> </u>
3404912	CATAWBA COUNTYM	11	60	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		191	4	CLIENT ID NUMBER DOES NOT MATC	C	69	1757	1688
				H PATIENT NAME		- 0,	1737	1000
		8534	3	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404913		8505	6928	CLAIM DENIED DUE TO INSUFFICIE				
3404913	MECKLENBURG COM ENTAL HEALT	8303	0320	NT BUDGET			 	
	ENTAL HEADT							
		2000	1820	DATE OF THE PROPERTY OF THE PR				
		8800	1732	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	31	9045	9092	47
				FUTURE RA'S.			 	1
		8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				1
				BENEFIT PACKAGE.			 	
3404916	CROSSROADS BEHA	8505	102	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	VIORAL HEAL			NI BUDGET			 	
							 	
		8800	31	FURTHER PROCESSING NECESSARY,	C	153	3394	3241
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			 	
							 	
		11	7	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				<u> </u>
							 	
3404917	CENTERPOINT HUM	11	405	CLIENT NOT ELIGIBLE ON SERVICE	<u> </u>			
	AN SERVICES			DATE				
								-
		8599	77	DETAIL NOT COVERED BY COMBINAT	0	641	2499	1858
				ION OF RECIPIENT, PROVIDER AND		312		2230
				BENEFIT PACKAGE.				<u> </u>
	(1	1			1		1
		23	58	SERVICE REQUIRES PRIOR APPROVA			_	1
		23	58	SERVICE REQUIRES PRIOR APPROVA L				

PROVIDER NUMBER								
		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
	DROUTERED WAVE	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOPIDER	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	3009	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	486	FURTHER PROCESSING NECESSARY,	15	3791	5297	1506
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	123	CLIENT NOT ELIGIBLE ON SERVICE				
			123	DATE				
3404920	ALAMANCE CASWEL	79	46	THIS SERVICE IS NOT PAYABLE TO				
	L AREA MH D			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	101	3222	3121
				BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		11	10	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404921	ORANGE PERSON C	11	26	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
								_
		01	6	DUDI TONDE OF OLD IN CUCREY				
		21	0	DUPLICATE OF CLAIM-SYSTEM	0	36	988	952
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	231	231
3404923		8505	1290	CLAIM DENIED DUE TO INSUFFICIE				
	FIVE COUNTY MH			NT BUDGET				
		8800	218	FURTHER PROCESSING NECESSARY,	1	1617	2732	1115
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8536	36	ATTENDING PROVIDER TYPE AND SP				
		8536	36	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
		8536	36	ATTENDING PROVIDER TYPE AND SP				
3404925	CANNATILS CENTE			ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
3404925	SANDHILLS CENTE	8536 8505	36	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD			ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE				
3404925				ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE				
3404925				ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,	6	6580	6672	92
3404925		8505	5836	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	6	6580	6672	92
3404925		8505	5836	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,	6	6580	6672	92
3404925		8505	5836	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	6	6580	6672	922
3404925		8505	5836	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT	6	6580	6672	92
3404925		8505	5836	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	6	6580	6672	92
3404925		8505	5836	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	6	6580	6672	92
		8505	5836	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	6	6580	6672	922
	R FOR MH/DD	8505 8800 8599	5836 333 232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	6580	6672	922
	R FOR MH/DD	8505 8800 8599	5836 333 232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	6580	6672	92
3404925	R FOR MH/DD	8505 8800 8599	5836 333 232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	6			
	R FOR MH/DD	8505 8800 8599	5836 333 232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	6	6580		92
	R FOR MH/DD	8505 8800 8599	5836 333 232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	6			
	R FOR MH/DD	8505 8800 8599	5836 333 232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	6			
	R FOR MH/DD	8505 8800 8599	5836 333 232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	6			
	R FOR MH/DD	8505 8800 8599 21	5836 333 232 1781	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6			
	R FOR MH/DD	8505 8800 8599 21	5836 333 232 1781	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6			
3404926	R FOR MH/DD	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	6			
3404926	R FOR MH/DD	8505 8800 8599 21	5836 333 232 1781	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUBLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE	6			
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	6			
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUBLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE	6			
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE	3	2492	3093	601
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE FURTHER PROCESSING NECESSARY,	3	2492	3093	601
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	3	2492	3093	601
3404926	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE FURTHER PROCESSING NECESSARY,	3	2492	3093	601
	R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8505 8800 8599 21 8599	5836 333 232 1781 182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	3	2492	3093	601

	T			FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8599	136	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		10	34	DIAGNOSIS OR SERVICE INVALID F	0	248	3713	3465
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		21	22	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC	8599	318	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACRAGE.				
		27	183	DIAGNOSIS CODE MISSING OR INVA	75	1248	12062	10814
				LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
				CORRECT DIAGNOSIS CODE AND SOB				
		8621	124	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
	+	+		ADDITIONAL SERVICE.				1
3404933	SOUTHEASTERN CT	8564	45	SERVICE EXCEEDS THE ALLOWABLE				
	R FOR MH/DD			OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
				ELIGIBILITI PERIOD.				
		8599	10	DETAIL NOT COVERED BY COMBINAT	0	62	110	48
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACRAGE.				
		79	3	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				FROVIDER TIPE AND SPECIALITIES				
3404934	ONSLOW CARTERET	8599	228	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		8505	160	CLAIM DENIED DUE TO INSUFFICIE	0	708	2096	1388
				NT BUDGET				
		4102	115	YOU ARE ATTEMPTING TO ADJUST A				
				CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
				1000D 0N 00N 1122 0N 10 NOT 10				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404937	THE BEACON CENT	3411	2	PROVIDER TYPE AND SPECIALTY 07				
	ER			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D			-	
		8000	2	NO RATE AVAILABLE ON FILE TO P	0	4	1498	1494
				RICE THIS CLAIM DETAIL	0	4	1498	1494
3404939	EAST CAROLINA B	8534	172	SERVICE FACILITY LOCATION IS N				-
3404939	EHAVIORAL H			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F			-	
		21	91	DUPLICATE OF CLAIM-SYSTEM	0	572	5169	4597
						312	3109	1337
		7001	82	EXCEEDS THE ONE PER DAY LIMITA				-
				TION				
					-		-	
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				-
	EHAVIORAL H							
		0	0		0	0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0			0 0		
						0		
3404943		11	38	CLIENT NOT ELIGIBLE ON SERVICE				
3101913	ALBEMARLE MENTA	11	30	DATE				
	L HEALTH CE			DAIL				
		8535	10	SERVICE FACILITY LOCATION WAS		1 67	701	63
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8564	6	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				
3404944		8000	51	NO RATE AVAILABLE ON FILE TO P				
	EASTPOINTE HUMA			RICE THIS CLAIM DETAIL				
	N SERVICES							
		8599	15	DETAIL NOT COVERED BY COMBINAT				
		0399	15	ION OF RECIPIENT, PROVIDER AND		0 72	735	66
				*				
				BENEFIT PACKAGE.				
		21	3	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM	79	46	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8535	39	SERVICE FACILITY LOCATION WAS		0 113	1597	148
				NOT SUBMITTED ON THIS CLAIM.		113	1597	140
				PLEASE RESUBMIT THE CLAIM WITH		+		
		27	15	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				